

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY	
107 JAN 30 A10:39	No.
STATE OF HAWAII STATE ETHICS COMMISSION	

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
NIP	CELESTE		808-531-4551			
MAILING ADDRESS (Street)			FAX			
222 SOUTH VINEYARD STREET, SUITE 401		808-533-4601				
(City)	(State)	(Zip ((Zip Code)			
HONOLULU	HAWAII	96813-2	96813-2453			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE				
G.A. MORRIS, INC.			808-531-4551			
MAILING ADDRESS (Street)			FAX			
222 SOUTH VINEYARD STREET, SUITE 401		808/533-4601				
(City)	(State)	(Zip ((Zip Code)			
HONOLULU	HAWAII	96813	3-2453			

PART II ORGANIZAT	FION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 206-409-8032	
ELI LILLY & COMPANY	,		
MAILING ADDRESS (Street)	FAX 206-223-5327		
603 STEWART STREET, SU	IITE 1014		
(City)	(State)	(Zip Code)	
SEATTLE	WA	98101	
NAME OF PERSON RESPONSE	BLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMEN	NT TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY	,		
MAILING ADDRESS (Street)		FAX 808-533-4601	
222 SOUTH VINEYARD STF	REET, SUITE 401		

(City)	(State)	(Zip Code)			
HONOLULU	н	96813-2453			
<u> </u>	and Assistantial Company of Statement of Sta				
PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development		
[] Communications & Public Utilities	[] Government Operations & Finance	[Intergovernmental Relations, International Affairs	[] Tourism & Recreation		
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[] Labor & Employment	[] Transportation		
[] Culture, Arts, Historic Preservation	[X] Health	[] Planning, Land & Water Use Management	[] Other: (indicate below) TOBACCO		
[] Ecology, Energy Environmental Protection		[] Public Safety & Corrections			
	NOF LOBBYIST	the heat of my knowledge	correct and complete		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
2	(Signature of Lobbyist)		(Date)		
DARTY AUTHORITATIO	N TO LORBY				
PART V AUTHORIZATION	JN 10 LODD I	TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
		MANAGER GOVERNMENT	RFI ATIONS		
NATE MILES MANAGER GOVERNMI NAME OF ORGANIZATION (if applicable)			ELEPHONE 206-409-8032		
ELI LILLY & COMPANY					
MAILING ADDRESS (Street)		FA	XX 206-223-5327		
603 STEWART STREET SUITE 1	014				
(City)	(State)	(Zip Code	e)		
SACRAMENTO	CA	95814			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
1/1004/11/07					
(Signature of Authorizing Officer or Person Represented) / (Date)					